

APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name: WILLIAM FREDERICK FATHAVER, JR.

Family Name: FATHAVER

Name Suffix: JR.

Mailing Address Line One: 10390 E JENAN DR. SCOTTSDALE, AZ 85260

Mailing Address Line Two:

City: SCOTTSDALE

State or Province: ARIZONA

Postal or Zip Code: 85260

City of Residence: SCOTTSDALE

State or Prov. of Residence: ARIZONA

Country of Residence: MARICOPA

Citizenship Country: USA

Family Name, if any:

Name Suffix:

Authority Code:

Mailing Address Line One:

Mailing Address Line Two:

City:

State or Province:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

County of Residence:

Citizenship Country

Correspondence Information

Name Line One: WILLIAM F. FATHAVER, JR.

Name Line Two:

Address Line One: 10390 E. JENAN DR.

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City: SCOTTSDALE

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Country: USA

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Telephone: 480-391-9025

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Electronic Mail: Billfathafer@msn.com

APPLICATION DATA SHEET

Application Information

Title Line One: SUTURE APPARATUS AND METHOD FOR STERNAL CLOSURE
Title Line Two: _____

[Repeat for any additional lines]

Suggested classification: SURGICAL INSTRUMENT

Suggested Tech. Center: _____

Total Drawing Sheets: 10. (FOUR)

Suggested Dwg. Figure for Pub.: FIGURE 3 (THREE)

Docket Number: _____

Application Type: [Utility] UTILITY

Licensed US Govt. Agency:

Contract or Grant Numbers One: NO

Contract or Grant Numbers Two:

Representative Information

Registration Number One:

Registration Number Two:

[Repeat for extra registration numbers]

Domestic Priority Information

This application is a: [Continuation of] NO

Application One: _____

Filing Date: _____

which is a: _____

Application Two: _____

Filing Date: _____

[repeat as necessary]

Foreign Application Information

Foreign Application One:

Filing Date: _____

Country: _____

Priority Claimed: [Yes or No]

Assignee Information

Name of assignee: NO

Address Line One: _____

Address Line Two: _____

City: _____

State or Province: _____

Country: _____

Postal or Zip Code: _____